

seen backwards. The mucous membrane of the cavity of the tympanum was thicker, softer, and contained more blood than usual. All the ossicles were freely movable. The cells of the mastoid process were fine, its meshes filled with a reddish-yellow liquid, which only contained a few small cells with several nuclei and exudation corpuscles. The history of this case gives another striking proof for the fact, that very considerable changes may take place in the membrana tympani, and, nevertheless, the hearing of the individual concerned may not be seriously affected.—*Medical Times and Gazette*, September 28, 1861.

56. *Lithotrity*.—Mr. F. C. SKEY makes the following interesting remarks relative to some cases of lithotrity that have fallen under his observation at St. Bartholomew's Hospital:—

"A man, aged 68, admitted in November last, had suffered from symptoms of stone for three years, during which he had passed about 100 small stones, varying in size from that of a large shot to that of a pea. I broke the stone by eight several operations, each of which was unproductive of serious pain, and was followed by more or less relief. A small fragment only remained in the bladder. After the last operation, which was not characterized by any remarkable feature, he had rigors, vesical pain, and low fever, and he died. The post-mortem examination revealed disease of long standing in both kidneys.

"A boy, aged fifteen, admitted in October, had had symptoms of stone for two years. I crushed the calculus, which I presume to have been about the size of a large almond, twice only, at an interval of ten days. The boy left the hospital well.

"A boy, aged ten, admitted in January, had suffered from symptoms of stone for three years, during which he is reported to have had several attacks of retention of urine. His urethra being large, and readily dilatable, I decided on treatment by lithotrity, and for which I had a small lithotrite made. The stone was crushed twice, without pain. On the following morning a fragment of stone became impacted in the urethra, and retention supervened. No alternative remained but lithotomy. As I was unable to pass a staff into the bladder, I cut down on the urethra without it, and, having removed two large fragments of stone from the canal, I opened the bladder by the aid of a staff, and expelled the residue of the calculus by injection. More than half the stone had lodged in the urethra. The boy recovered. I freely confess the attempt to remove a stone from the bladder of a boy ten years of age by lithotrity to have been an error in judgment. The first fragment that escaped was of considerable size, and at once blocked up the canal. The rule I have consequently adopted for my own guidance is, never to operate with the lithotrite unless the urethra will admit a catheter of the size of No. 9 or 10. In this patient's case the lithotrite was No. 6, though the urethra was dilatable to about No. 7, or perhaps 8.

"A man, aged seventy-two, was admitted in May, from whom I had removed a stone by lithotrity in 1851. The peculiarities of this case were connected with the physical qualities of the stone itself, from which arose a very protracted term of treatment. I operated on him no less than seventeen times. The calculus was of lithic acid composition; and I may remark, after some considerable experience of the operation of lithotrity, that the hardest calculi I have ever broken have consisted of lithic acid, and not of oxalate of lime. I never once *crushed* this patient's stone; I only broke it into small fragments. No part of it was ever reduced to powder, as in other examples; but the entire stone, when finally collected, consisted of a multitude of fragments of nearly equal magnitude—about that of a large shot. The force of the screw required to break the stone continued very great up to nearly the last operation. On several occasions I came to apparently a dead lock, and it required all the power at my command to screw the instrument home. Notwithstanding this force, at the termination of the case the blades of the lithotrite did not indicate more than a very slight strain in the workmanship, so perfect is the material of which these instruments are constructed.

"There are, in my opinion, comparatively few cases of calculus in which the operation of lithotrity is not available. It may be most efficiently performed

by any person possessed of ordinary skill and knowledge, and I earnestly join in its advocacy by the greatest of our modern surgeons."—*Lancet*, Oct. 5, 1861.

57. *Operative Treatment of Peritonitis.* By Dr. MARTEN, of Hörde.—In full consciousness of the insufficiency of my powers, and resting on two cases briefly noted in the course of a laborious practice, I can only aim at inviting the reader to repeat the following investigation of a morbid process, which, so far as I am aware, has not of late years been thoroughly worked out in German dissertations and monographs—at the same time calling attention to some voids, particularly the analogy of peritonitis with inflammation of other serous membranes, and especially of the pleura, promoting the plan of operative treatment, and submitting *gastrotomy in abdominal empyema* to the examination of competent judges. Far from believing that I am bringing forward anything new, as all manuals of special pathology and therapeutics mention surgical interference in circumscribed peritoneal abscesses—and Lebert¹ even warns us not thereby unseasonably to disturb the accumulation of effusion tending towards the bowel, the bladder, or the vagina—I will rather support the application of some old rules of general oncology to inflammation of the peritoneum, and adopt Leubuscher's words:² "When by considerable increase of the effusion very great difficulty of breathing arises, and paralysis of the diaphragm is to be feared, paracentesis may become necessary as a vital indication, though in continued inflammatory irritation it affords much fewer chances than in simple dropsy."³

My two cases are: 1. Lina Lessing, aged 10 years, a slender child, born of healthy parents, and having hitherto always enjoyed good health, took ill suddenly on the 12th of May, 1858, in consequence of cold, with symptoms of general peritonitis; violent persistent pain over the whole abdomen, which latter could not bear the slightest touch, was hot and tense; vomiting, constipation, interrupted and rapid respiration, constant fever, with the pulse at 120. Copious local abstractions of blood, in combination with the use of opium, produced only transient relief, until on the 18th, with slight remission of the fever and pain, an effusion took place into the sac of the peritoneum, demonstrable throughout three fingers' breadth above the pubis by distinct fluctuation and a dull sound on percussion, and altering its level on change of position. Under the exhibition of half a grain of calomel every two hours, the effusion had on the 31st with remission of pain ascended above the navel, the latter projecting in the form of a thimble, and the abdomen being so distended that it presented the appearance of a six months' pregnancy in miniature. On the 3d of June, a small, round, yellowish-gray transparent spot had formed on the point of the navel, into which I passed a Langenbeck's insect-needle to behind the lancet-shaped extremity, and in drawing it out somewhat enlarged the puncture. About a pint of creamy yellow, not fetid pus, was immediately discharged in a full stream, mixed with a few little flakes and thicker coagulated lumps. Under the use of warm cataplasms and Stromeyer's oiled tents, the discharge continued in constantly diminishing quantity until the 8th, when the navel had resumed its normal shape, a little serous fluid trickling from the opening from time to time. The patient having been put upon strengthening diet, the opening had on the 15th closed; the sound on percussion over the whole abdomen was again tympanitic, digestion was normally performed, the bowels were regular, and the child to be considered as well.

2. Augustus Bennekamp, aged 5 years, the child of healthy parents, enjoyed good health until the 9th of January in the present year. He then took ill, without any assignable external cause, of acute peritonitis, which, after seven days' antiphlogistic treatment, assumed a chronic form; the vomiting ceased, the appetite and the action of the bowels gradually returned, the fever continued in a remittent form. The abdomen remained distended, and was very painful to

¹ Handbuch der Practischen Medicin, Band ii. p. 410.

² Med. Klinik, Band i. p. 608.

³ Compare also Hensch, Klinik der Unterleibskrankheiten, Band iii. p. 328; and Siebert, Diagnostik der Krankheiten des Unterleibes, p. 176.